

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC

A.

Full Name (Last, First, Middle Initial)

DAVID LEE CAMP

Mailing Address 5905 Wimbledon Ct.

City State Zip Code
Midland MI 48642

Purpose of Disbursement

003

Category/
Type

Candidate Name
DAVID LEE CAMP

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: SB23.6681

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

LOIS G CAPPIS

Mailing Address 1724 SANTA BARBARA STREET

City State Zip Code
SANTA BARBARA CA 93101

Purpose of Disbursement

003

Category/
Type

Candidate Name
LOIS G CAPPIS

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: SB23.6676

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

A.B. III CHANDLER

Mailing Address P. O. Box 12678

City State Zip Code
Lexington KY 40583

Purpose of Disbursement

003

Category/
Type

Candidate Name
A.B. III CHANDLER

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 06

Transaction ID: SB23.6693

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)